



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	09/762,006
Filing Date	February 1, 2001
First Named Inventor	EIBL et al.
Examiner Name	Laura Stockton
Group Art Unit	1626
Attorney Docket Number	2923-123
Total Number of Pages in This Submission	Confirmation Number 6539

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | REQUEST FOR CONTINUED EXAMINATION |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE		DATE	October 5, 2005	DEPOSIT ACCOUNT USER ID 02-2135

FEE TRANSMITTAL
for FY 2005
(Large Entity)



		Complete if Known	
		Application Number	09/762,006
		Filing Date	February 1, 2001
		First Named Inventor	EIBL et al.
		Examiner Name	Laura Stockton
		Group Art Unit	1626
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2923-123
Total Amount of Payment	(\$1690.00)	Confirmation Number	6539

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
2. Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. Payment by check enclosed

FEES CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	790		[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	350		[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	550		[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	790		[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims	[] - 20* = [] x	\$50 = []	
Independent			
Claims	[] - 3* = [] x	200 = []	
Multiple Dependent Claims	+ []	360 = []	

*or number previously paid, if greater

SUBTOTAL \$

SUBTOTAL \$1690.00

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

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NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE		DATE	October 5, 2005	DEPOSIT ACCOUNT USER ID
				02-2135